

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **12690**

BIRTH NO.

REG. DIST. NO.

317

PRIMARY REG. DIST. NO.

546

Registrar's No.

723

1. PLACE OF DEATH

a. COUNTY

S t. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

St. Louisb. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN **Overland**c. LENGTH OF STAY (in this place)
UNKc. CITY OR TOWN **Overland ?**d. Is Residence within limits of a city or incorporated town?
Yes ☐ No ☐d. FULL NAME OF HOSPITAL OR INSTITUTION
9124 Seneca lanee. STREET ADDRESS (If rural, give location)
9124 Seneca**426X**

3. NAME OF DECEASED (Type or Print)

a. (First)

Harriet

b. (Middle)

Elizabeth

c. (Last)

Storey

4. DATE OF DEATH

(Month)

(Day)

(Year)

3-4-53

5. SEX

female

6. COLOR OR RACE

white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug 6, 1863

9. AGE (In years last birthday)

IF UNDER 1 YEAR

IF UNDER 1 YEAR

89

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife10b. KIND OF BUSINESS OR INDUSTRY
at home11. BIRTHPLACE (City and State or Foreign Country)
Montgomery Co., Ill12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME

John Wm Armour

13b. MOTHER'S MAIDEN NAME

Blancia Anthis

14. NAME OF HUSBAND OR WIFE

Richard Storey15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
none

17. INFORMANT'S SIGNATURE OR NAME

Mrs. CC Bertholdt, Overland, Mo

ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

Cerebral HemorrhageINTERVAL BETWEEN ONSET AND DEATH
3 da.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Hypertensive Heart disease****years.**

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

443X

19a. DATE OF OPERATION

None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT SUICIDE HOMICIDE (Specify)
None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
None21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept**, 19**51**, to **March**, 19**53**, that I last saw the deceased alive on **2 March**, 19**53**, and that death occurred at **8:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE

Paul R. Whitener M.D.

23b. ADDRESS

8423 Midland, St. Louis (14) Mo

23c. DATE SIGNED

5 March 5324a. BURIAL, CREMATION, REMOVAL (Specify)
removal

24b. DATE

3-4-53

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Medora, Ill.

DATE REC'D BY LOCAL REG.

3-5-53

REGISTRAR'S SIGNATURE

Herbert R. Domke MD

25. FUNERAL DIRECTOR'S SIGNATURE

Warner F.H., Brighton, Ill.

ADDRESS

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

520

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *No Embalmer*

Licensed Embalmer No. *10000*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.